
Inclusive Practices for SLPs

— Dr. Laurie Summer, PhD, CCC-
SLP —

Welcome!

Welcome



Disclosures & Gratitude

- The content is my own. I have provided references to sources I have used.
- My orientation as a speech language therapist, working with people with communication disabilities and differences, my own experiences with difference, my doctoral studies and dissertation, and other aspects of my identity and experiences, have shaped my understandings about the need for inclusion, in our field, and in the larger social, cultural, economic, and political context.
- **Financial disclosures: As a presenter, I have been provided with lunch, and with complimentary attendance of today's course offerings.**
- Thank you to all of you for being here!

A Little About Me:

- I've been a speech language therapist for thirty years.
 - Supervised graduate student & taught adjunct classes
 - Worked with various ages, populations, in various settings
- For the last twenty years, I have worked primarily in public education, in suburban Northern New Jersey, with pre-K-12 learners.
- Research and writing about inclusion and equity
- Intersectional, feminist disability lens.
- Currently: adjunct professor at Montclair State University, Program Director, LIU Brooklyn
- Multiple factors led me to obtain a PhD in education, including the ableism and intersectional oppressions I witnessed and that conditioned me. My dissertation focused on inclusion and equity.
- I live in Northern New Jersey with my husband, two emerging-adult sons, two cats, and our poodle
- Female, heterosexual, cis-gender
- mother, divorced, widowed, married
- an avid reader, poet, researcher
- white
- Jewish
- Middle-class
- Self-identified disability/ability
- Experiences with loss and trauma



Left to right: Filbert, Chance (and me),
and Roxanne.

Now it's your turn!

- please turn to your seatmate, share your geographical location, and your role/professional setting, and the name of your pet(s) if you like :)

Where are you?



Outline for Our Shared Learning

I. Welcome and introduction

II. Defining and describing the meaning(s) of inclusion

III. Contemplating frameworks for conceptualizing communication differences and disabilities

IV. Reflecting on our own and others' intersectional identities and experiences

V. Inclusive assessment

VI. Therapy grounded in inclusive mindsets and practices

VII. Collaboration: individuals with communicative needs, families, team members

Striving to Include Multiple Ways of Taking in, Demonstrating, and Engaging with Knowledge

Receiving Information

- Spoken language
- Anecdotes/narratives
- Written text
- Pictures, images
- Videos
- Handouts, slides, resources, recordings
- Quotes

Demonstrating understanding and engaging with content:

- Polls
- Chat
- Listening
- Writing
- Images
- Q&A

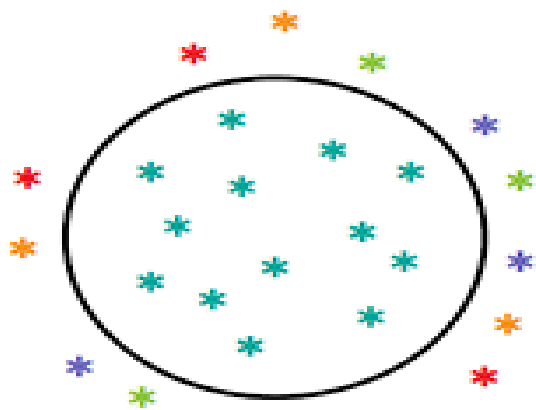
II. How Do We Conceptualize Inclusion?

<https://docs.google.com/forms/d/e/1FAIpQLScA85bCn5FSsu8VS3DubKCE4nyrIcCPN1TKiLbMhnKruAPUhw/viewform?usp=publish-editor>

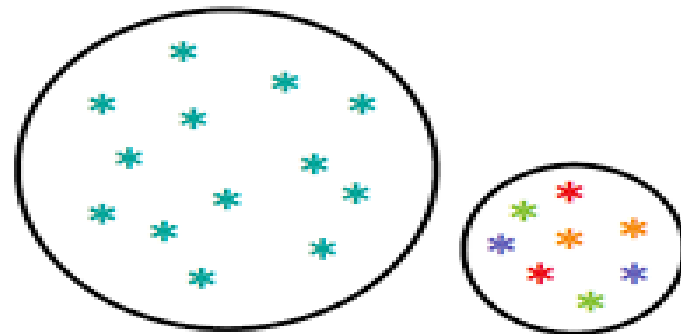
How Do We Conceptualize Inclusion?

Do you define inclusion as:

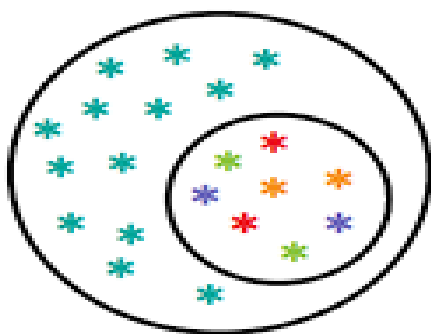
- a) Different types of people, including people with a variety of abilities and disabilities, sharing the same physical space
- b) **Tolerating differences that are inevitable in a diverse society.**
- c) Accepting that there are differences among people, and including some of those identities, to a point.
- d) **Enacting inclusion that complies with legal mandates.**
- e) Embracing and responding to difference and diversity as expected and welcome, while acknowledging that this is an ongoing and dynamic process



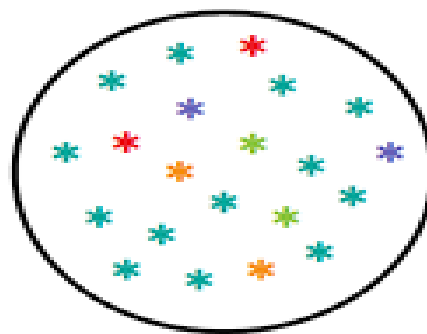
Exclusion



Segregation



Integration



Inclusion

Scrutinizing Common Terms

Exclusion: people with disabilities and intersectional differences are prohibited from spaces (i.e., classrooms, work spaces, social and economic opportunities)

Segregation: Individuals “marked” as difference are separated within a larger shared space (i.e., special education classrooms)

Integration: Disabled and nondisabled people share space, but in separate sections (i.e., special education students at a separate table in a general education classroom)

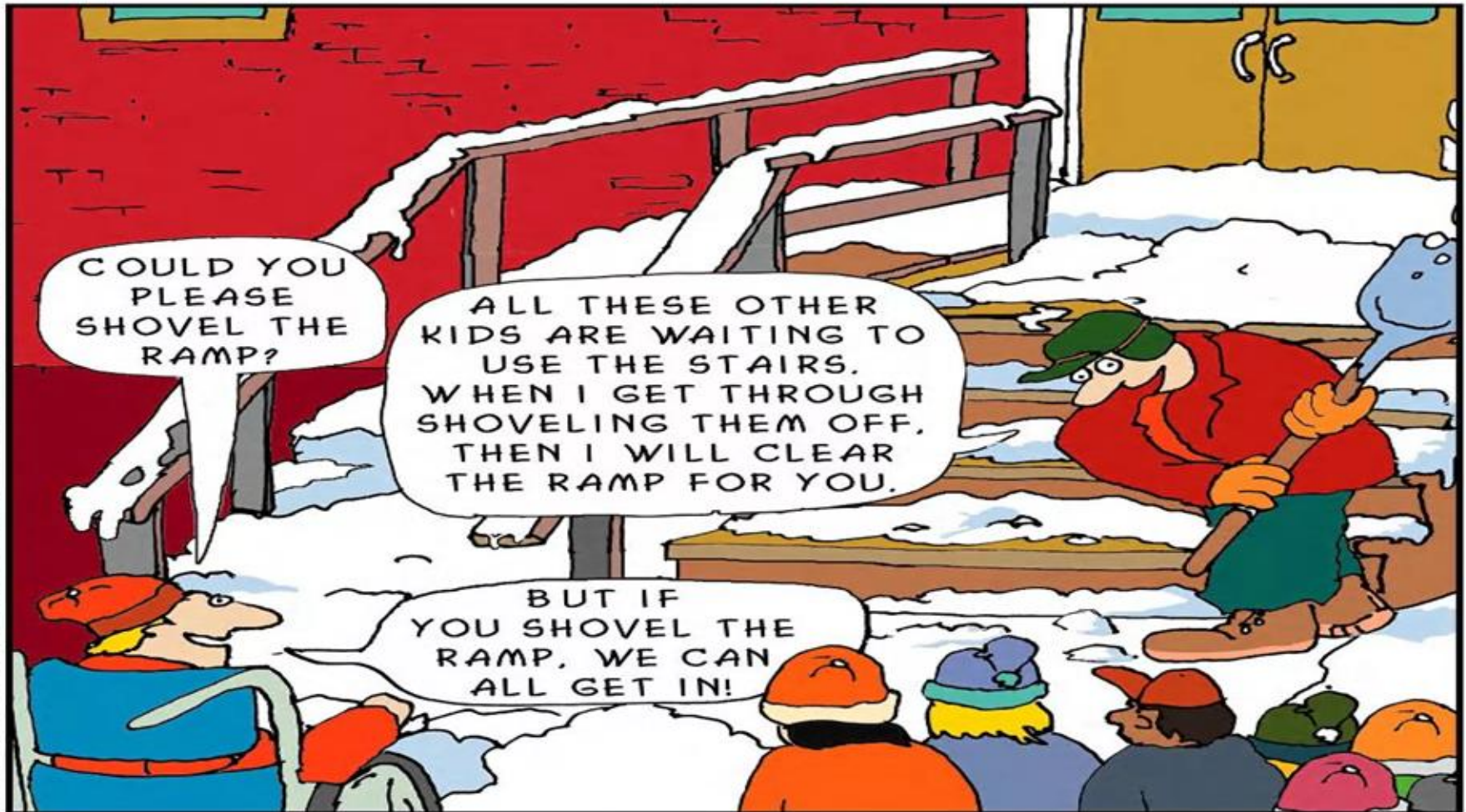
Inclusion: All individuals have equitable access to spaces, materials, supports, opportunities, participation, and genuine belonging (i.e., Universal Design for Learning, stations, peer partnerships, project-based learning)

Thinking About How to Conceptualize Inclusion

Angela Evenich, a disabled speech-language pathologist, noted:

“Simply including disabled people in spaces is only the starting point. The work is within–dismantling the systems, policies, attitudes, and practices that continue to marginalize and harm disabled clients and therapists. Learning directly from people with disabilities is crucial to understanding how society’s perception of disability has shaped pathologizing views and practices. With that context, service providers can further the work of accessible, responsive, and community-centered care.”

Evenich, A. (2025). A Disabled SLP’s Thoughts on the 35th Anniversary of the ADA. *Leader Live*.



COULD YOU PLEASE SHOVEL THE RAMP?

ALL THESE OTHER KIDS ARE WAITING TO USE THE STAIRS. WHEN I GET THROUGH SHOVELING THEM OFF, THEN I WILL CLEAR THE RAMP FOR YOU.

BUT IF YOU SHOVEL THE RAMP, WE CAN ALL GET IN!

CLEARING A PATH FOR EVERYONE!

Some Ways That I Think About Inclusion

- **Intersectional:** considers multiple aspects of individual and community identity and experiences, and how these intersect with each other, and with systems of power.
- **Anti-ableist:** resists pathologizing, stereotyping, or minimizing the human worth, contributions, and wholeness of disabled people and communities
- **Feminist:** resists patriarchy's oppression of girls, women, LGBTQ people, and disabled people, to maintain toxic, capitalist hierarchies that center only particular identities sanctioned by the dominant culture.
- **Anti-racist:** the oppression of race and disability are strongly linked within systems of power, and we must confront racism and ableism, in order to effect change.
- **Embraces multiple ways of knowing and being:** emotions, embodied understandings, cultural knowledge
- **Centers the perspectives of marginalized individuals and communities**
- **Critiques systems:** problematizes arbitrary understandings of "normal" rather than marking individual bodyminds as lacking.

Why Does Inclusion Matter, In the Larger Context?

<https://youtu.be/9dHE9Fa18Rg>

III. Frameworks for Conceptualizing Communicative Disabilities: Medical Model vs. Social Model

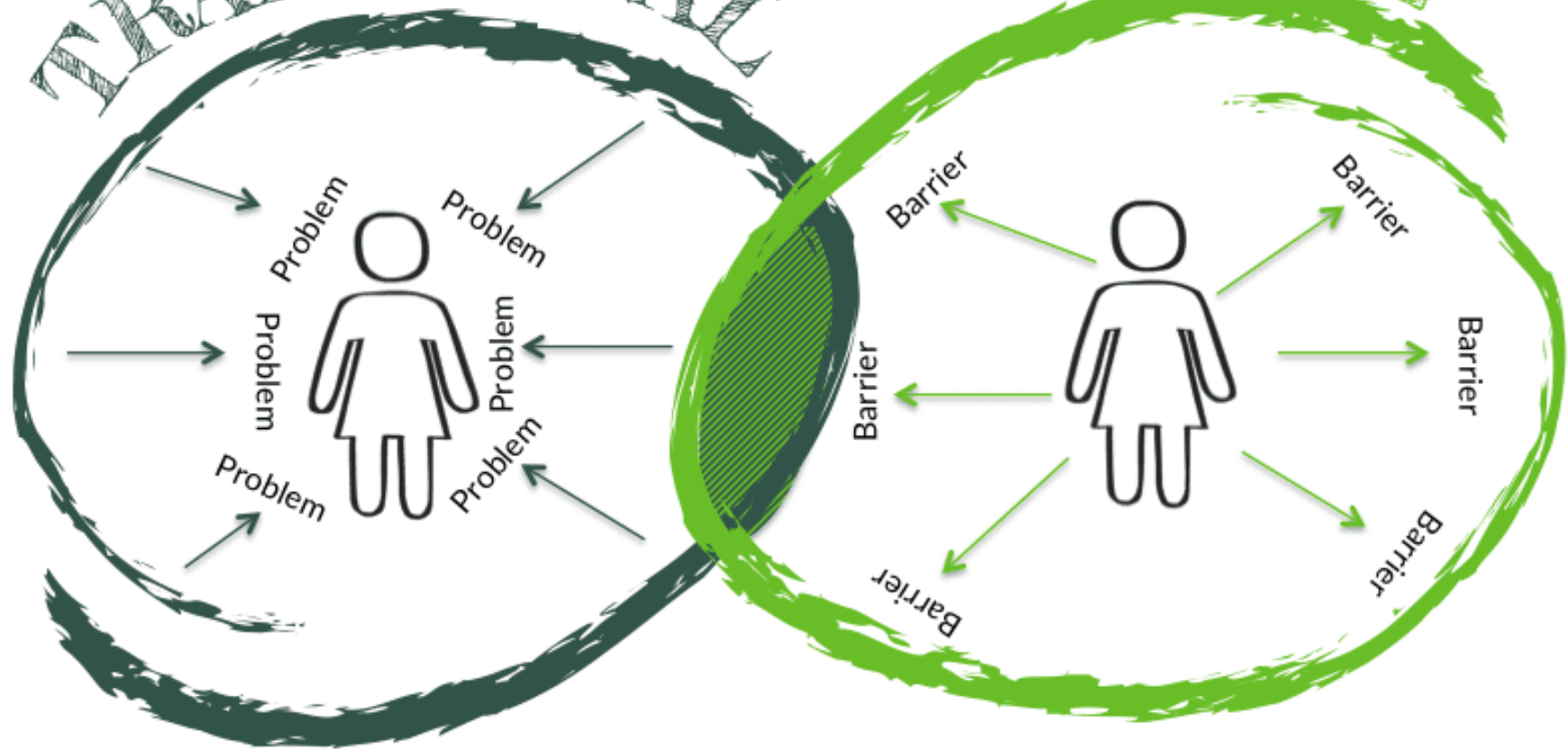


the medical model



the social model

TRADITIONAL VS. SOCIAL



The Medical Model

- **Deficit mindset—framing differences as weaknesses, and seeking to “normalize:**
- **Problematizes individual bodyminds, and centers some identities, and ways of being and doing over others (ie., centers neurotypical over neurodivergent ways of learning and engaging)**
- **Fails to question dominant systems and biases**
- **Enacts hierarchical power in therapy context**
 - **Centers the therapist voice and decenters individuals and families**
 - **Therapist maintains full decision-making**
 - **One-directional communication—talks at individuals and families, with minimal room for listening**

Example from My Practice: Farid (Fah-reet)

- **Farid was a middle school student.**
- **Farid demonstrated knowledge and passionate interest in select areas of learning—nonfiction texts, math, playing music, singing, performing.**
- **Received a label of autism, and his parents eventually educated Farid about his diagnosis.**
- **Spoke multiple languages. Father was from Egypt, mother was of European descent.**
- **Received special education services at school, including speech language therapy to support receptive, expressive, and pragmatic language skills.**

Confronting My Internalized Ableism

- **During COVID, Farid and I engaged in online language therapy sessions**
- **Farid would often become distracted (who DOESN'T become distracted online???)**
 - **Perseverative behaviors (nose blowing)**
 - **Fidgety**
 - **Frustrated**
- **Initially, I responded by trying to set firmer boundaries and “correct” Farid’s behaviors. I framed Farid’s bodymind as the “problem”**
- **Farid’s mother pointed out that these behaviors were integral to Farid’s disability**
 - **Helped me to realize that I was reproducing ableist conditionings.**

Shifted My Practices, Away From This Medical Model

- **Began to interpret Farid's behaviors as communication, rather than "the problem"**
- **Signaled me to change the context—what I was doing, scrutinizing my own expectations, and reflecting on how to make changes that supported Farid.**
- **Involved listening to the family and the individual.**
- **Selected high-interest/student-preferred activities.**
- **Offered opportunities for Farid to express choices.**
- **Shorter, varied learning activities.**
- **Opportunities for movement and play.**

Your Turn!

In the form, answer the following question:

- What is one practice you have shifted toward, as you have developed understandings about inclusive practice?

The Social Model

[How to embrace disability: #CommitToInclusion - YouTube](#)

This video gives a little bit of perspective, on how to reframe thinking about inclusion and disability.

Applying the Social Model as SLPs

1. Strength-based understandings

- a. Embrace diversity and complexity of disabled individuals and communities.
- b. Presume competence
 - i. All individuals have a dynamic mix of skills and needs
 - ii. Performance is context-dependent (barriers, supports, relationships) and (her)storical (shaped by prior knowledge and experiences)

2. Differences are normal, expected, and valued

3. Our worth is in our existence

- a. Resists emphasis on productivity and rigid ideas of ability
- b. Every person is inherently valued, because they are here
- c. "Existence is resistance"

About the Disability Pride Flag

The flag's design is intentional. The colors represent:

- Red - physical disabilities
- Gold - neurodiversity
- White - invisible disabilities and disabilities that haven't yet been diagnosed
- Blue - emotional and psychiatric disabilities, including mental illness, anxiety, and depression
- Green - for sensory disabilities, including deafness, blindness, lack of smell, lack of taste, audio processing disorder, and all other sensory disabilities
- Faded black background - for mourning and rage for victims of ableist violence and abuse.

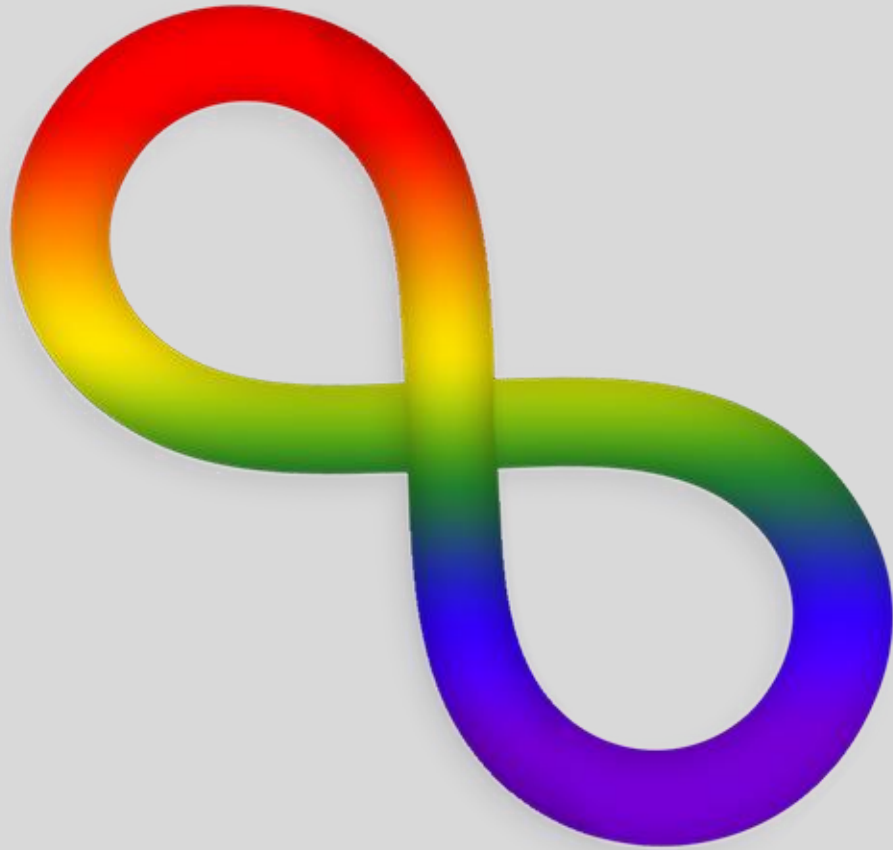


*Designed by Ann Magill in collaboration
with the disability community*

Growing Our Awareness

<https://www.instagram.com/reel/C84yD2bpKu-/?hl=en>

https://www.instagram.com/imtiffanyyu/reel/DMYrRmGh_7u/



The neurodivergent rainbow is one of the preferred symbols for neurodiverse individuals and communities.

<https://pixabay.com/illustrations/neurodivergent-symbol-neurodivergent-6342470/>



<https://www.redbubble.com/i/sticker/Deaf-and-Proud-by-BSLBear/53023578.EJUG5>



<https://www.redbubble.com/i/poster/Deaf-and-proud-LGBT-American-sign-Language-by-erozzz/87858516.LVTDI>

<https://youtu.be/3aThXtDTZNE>

https://en.wikipedia.org/wiki/Deaf_flag

Challenging Pervasive Ableism

Angela Evenich, a disabled speech-language pathologist, offered:

“While the ADA is historical, I urge us to also be aware of its gaps and loopholes as a rights-based framework focused on legal compliance. This awareness is important to continue the work toward justice for our clients and colleagues with disabilities, extending beyond equal rights. The ADA framework was constructed with the idea that disabled people must conform to existing standards of ability, productivity, and worth of nondisabled people. It frames accommodations as solutions that allow us to keep up with people who do not have disabilities, without accounting for the various ways we may work, move, communicate, and live.”

Evenich, A. (2025). A Disabled SLP's Thoughts on the 35th Anniversary of the ADA. *Leader Live*.

Honoring Multiple Modalities of Communication

Call out modalities of communication, other than speaking verbally.

MULTIMODAL COMMUNICATION



Sign Language

We have a lot to say! With these tools, we can effectively make ourselves understood.



Speech & Vocalizations



High Tech AAC



Texting



Body Language



Gestures



Low Tech Board



Facial Expressions



Writing



Examples of Communication Modalities

- **Gestures**
- Facial expressions
- Sign Language
- **Movement**
- Eye gaze
- Behavior
- **Laughing, crying**
- Humming, singing, dancing, performing
- Augmentative and alternative forms of communication
- **Drawing**
- Texting
- Speech-to-text/text-to-speech
- **Play**
- Participation in activities
- Vocalizations
- **Writing**
- Listening
- Reading

A Fourth Principle of the Social Model of Disability

4. Critiques the ways that the dominant culture norms ways of being, thinking, and doing—including communication

- These arbitrary and harmful norms are embedded in the structures and systems of our larger culture, including in our institutions
- Due to how pervasive, accepted, and, sometimes, invisible, these norms are, they create barriers, including communication barriers, for disabled people, and for individuals and communities with intersectional differences

Example from My Practice: Samantha (suh-man-thu)

- **Samantha was a middle school student.**
- **Her mother was a school nurse, and her father was a pediatrician.**
- **Samantha played in the band and worked hard at her academics.**
- **She had strengths in memory and decoding, and struggled with abstract language, making inferences, and social interactions.**
- **Samantha received special education services at school, including speech language therapy to support receptive, expressive, and pragmatic language skills.**

Critiquing the Dominant Norms and My Own Biases

- **Seeing Samantha in a group with her peers, I started out targeting eye contact during conversation, as Samantha often did not make eye contact with classmates when listening or speaking.**
- **Over time, as I grew in my understanding of Samantha, I observed that she gained more access to communication when I removed the demand of eye contact. By focusing on the spoken language without making eye contact, the change in demands on Samantha more responsively met her strengths and needs, and communication became more accessible.**

Your Turn!

- Turn to the people around you, and take turns chatting about a time that you noticed internalized, ableist ideas in your practice. Explore how such a practice might be reshaped toward inclusion.

IV. Intersectionality

- **The multiple aspects of each person's identity intersect**
- **Varied aspects of identity and experience contribute to individual, family, and community experiences**
- **Intersectional identity factors also impact the way different people and groups experience power, oppression, biases, and discrimination, within structures and systems**
- [Chimamanda Adichie The danger of a single story 3 min cut](#)

Example: Bao (Rhymes with "no")

- Bao was a second-grade student, who was new to our majority-white, affluent school.
- Prior to moving to New Jersey shortly before entering first-grade, Bao had lived his whole life in China, with his mother and his maternal grandparents.
- Bao's mother became engaged to a Chinese-American professor, and Bao and his mother move to New Jersey to live with her fiancé. Bao expressed that he missed his grandparents.
- Bao spoke and understood Mandarin. English was a completely new language.
- Gaps in education
 - Had been expelled from school in China, due to perceived disabilities
- In class:
 - Bao wandered around the room, took things without asking, including scissors.
 - Some classmates initially befriended Bao
- Bao's teacher:
 - Did not have adequate support
 - Spoke about Bao negatively
 - Claimed Bao did not belong in the classroom.

Bao (rhymes with “go”) continued

- **No ESL services in our school**
 - **Small number of multilingual learners.**
 - **A neighbor, who spoke Mandarin and English, was hired as Bao’s teaching assistant.**
 - **No educational training, and sometimes lost patience with Bao.**
 - **Bao was relegated to a separate table in the classroom with the teaching assistant**
 - **Had minimal interaction with his teacher or peers**

Your Turn!

Turn to the person next to you, and collaboratively identify systemic, structural, or cultural aspects of intersectional oppression that contributed to the experience that Bao and his family had.

What Inclusive Actions Might Have Helped Bao?

- **Support for the classroom teacher**
 - **Bilingual teaching assistant**
 - **Direct help from child study team members, administrators**
 - **Professional learning/mentoring**
- **Hiring ESL teachers**
- **Training and ongoing support for teaching assistants**
- **Project-based learning/UDL**
- **Opportunities in the classroom for Bao to demonstrate his strengths and knowledge**
- **Fostering peer friendships and reciprocal partnerships**
- **Authentic bilingual assessment**
- **Bilingual speech language therapy**
- **Movement breaks**
- **Replacement activities**
- **Compassion for the degree of change Bao was encountering**



“See this impossible level of perfection? That’s what I want you to exceed.”

Don't Let the Perfect Be The Enemy of the Good

1. Despite the fact that I am a white, monolingual, English-speaking therapist, I needed to meet Bao as best I could.
 - a. Collaborated with Bao's mother and the Mandarin-speaking assistant.
 - b. The assistant attended our sessions to aid with translation.
 - c. Used family pictures, high-engagement games, and topics of interest to Bao, to build a relationship and encourage meaningful communication.
 - d. Asked Bao to teach me some Mandarin words and phrases.
 - e. Centered creating a sense of belonging for Bao.
2. Even when we work within oppressive systems, there are almost always actions we can take. We can still take steps toward inclusive practice.
 - a. In our therapy relationships
 - b. Advocating/educating administrators and team members

Continual Reflection About Intersectionality

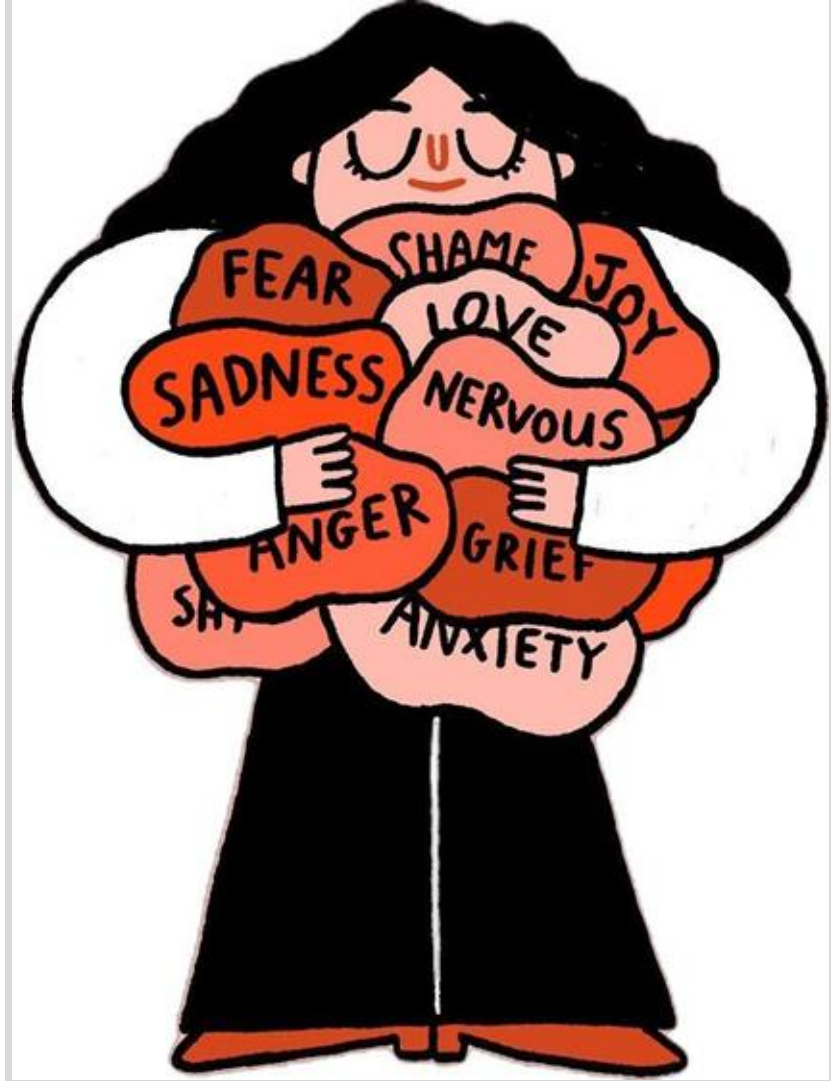
1. Examples like Bao bring to light the importance of developing awareness about our own, and others' rich, complex, identities and experiences.
2. [Intersectionality & disability, ft Keri Gray, the Keri Gray Group #DisabilityDemandsJustice](#)
3. The term intersectionality was originally coined by Kimberle Crenshaw, a legal scholar and academic (Crenshaw, 1989).

We Are All Complex, Multi-faceted, and Valuable

- **The systems and institutions that we work in—many of which are grounded in capitalism, patriarchy, ableism, and racism—create and work to maintain hierarchies of power.**
- **As a result, just as the people we serve become marginalized and oppressed, we can also be conditioned to disassociate from our wholeness and our humanity.**
- **When we resist these norms, and embrace our own complexity, we can enact responsiveness with ourselves.**
- **This makes us more available to tapping into empathy, creativity, and inclusive actions with those we serve.**

I USED TO KEEP MY
EMOTIONS BURIED SO
DEEP THAT THEY WERE
A MYSTERY, EVEN TO ME.

IS THIS WHERE
I LEFT THEM?



Embracing Emotions & Embodiment as Inclusive Practice

- **Begin by acknowledging our own feelings and states.**
- **Despite the expectations within many institutions, we continue to be whole, emotional people, with bodies, hearts, and complexities, EVEN WHEN WE ARE AT WORK.**
- **The systems we work in can devalue cultural, heart-centered, and embodied understandings.**
- **By recognizing and including all of our own parts, we can develop responsiveness to ourselves, we can be more available to challenges, as they arise, and tap into compassion, curiosity, presence, and creativity-or at least begin to regulate ourselves!**

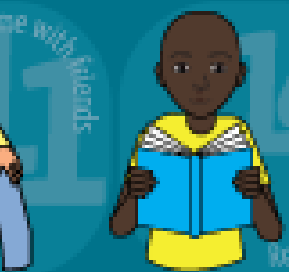
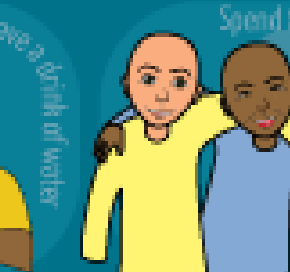
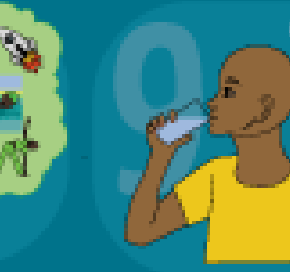
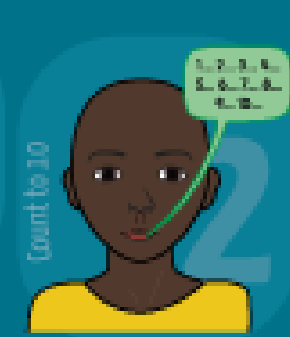
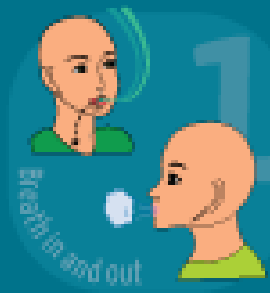
Your Turn!

Thumbs Up Poll:

How many of you use one or more of the following strategies, for supporting yourselves in the complex and emotional work that we engage in? Put your thumb up for as many as apply.

- (1) Taking deep breaths
- (2) Recognizing when you are experiencing a particular set of emotions/states
- (3) Asking yourself questions to understand the causes, triggers, and contributors to the feelings you are experiencing
- (4) Naming (in your own mind or aloud) your emotions, states, or needs
- (5) Changing your physical position or engaging in movement (standing, moving to take a sip of water, walking toward your desk for materials, stretching, looking out the window)
- (6) Using self-talk to support self-regulation
- (7) All of the above
- (8) Other

Self-regulation Strategies



Growing Our Emotional Responsiveness Strategies

- **Growing our curiosity:** *I wonder what would happen if we....*
- **Narrating events and naming emotions.,** aloud or in our minds: *I notice that I am feeling frustrated. My shoulders and jaw are tight. What are two or three ways I can alter the situation, so I can help myself regulate?*
- **Journaling about the emotions and states we are experiencing.**
- **Sharing/collaborating with a colleague, mentor, or friend.**
- **Engaging in professional learning communities with like-minded colleagues and friends**



V. Inclusive Assessment

Assessment begins with questions:


- We are looking to gather information.
- The questions we select can guide our thinking.
- Turn to a neighbor: what questions do you ask during the assessment process?



Fixed/Deficit-Based Questions Reproduce Bias and Harm

- Are the client's/student's patient's communication skills "normal"?
- What disorder and deficits does this person present with?
- What are the test scores?
- Is their functioning "high", "medium", or "low" ?





THEY DON'T
LOOK DISABLED

THEIR CLASSMATES ARE
SO TOLERANT

THEIR SPEECH WAS
SO SMOOTH
THIS TIME

WHAT'S WRONG
WITH THEM?

Growth-Based Mindsets Move Us Toward Inclusion

- **What are some ways that Mia communicates?**
 - Gestures
 - Facial expression
 - Body language
 - Multiple languages
 - ASL
 - AAC
 - Verbal language
- **How does Mia's communication change in different contexts?**
 - Environments
 - Communicative modalities
 - Supports—social, learning, spatial, sensory, executive functioning

Growth/Strength-Based Mindset for Assessment

- **What changes could we make to the various contexts that Mia participates in, that might facilitate her access to communication?**
- **What are multiple forms of data that can inform us in understanding and supporting Mia's communicative growth?**
- **Whose voices/perspectives have we included in our understandings?**

<https://youtu.be/JR-O1rrwctI>

Center the Individual, Family, and Community

- **Begin to build a relationship with the person participating in assessment.**
 - Use games, conversation, preferred activities, to get to know them.
 - People will vary in how they respond to our overtures—accept this!
 - Come alongside to build solidarity, whenever possible.
 - Elicit client's insights about their strengths and challenges.
 - Value people's knowledge about contexts and barriers.
 - Tap into family members' knowledge and concerns.
 - Listen and observe, to build a more whole understanding
 - Cultural history, family context, community.
 - Example: Ava, anxiety
- **Elicit perspectives from team members**
 - Observe participant in multiple settings/situations.

**What Is One Way You Currently Center Individuals
and Families You Serve?(Add into doc)**

WaysWeCenterIndividualsandFamiliesWeServe

Continue to Scrutinize Our Own Biases, While We Assess

- What kinds of assumptions, grounded in our own conditionings, might we be imposing?



Selecting Formal Assessment Tools (More) Inclusively

A. Standardized, Norm-Referenced Assessment Tools

- a. Select our tools based on what we are learning about the client.
 - i. We don't always need to administer complete protocols/core selections
 - ii. When possible, use some of these standardized tools in non-standardized ways, to gather more information.
 1. Rick-had difficulty retaining stories when he only heard them, but could respond to comprehension questions much more accurately when the text was in front of him.
 - a. I administered a subtest according to protocol, but then adapted it another day to assess how the communication modality changed Rick's performance.

B. Questions We Can Continue to Ask

- a. What do we know so far?
- b. What are we still needing to learn?
- c. How can we meet the client where they are?

Selecting Assessment Tools (More) Inclusively (cont.)

c. Use Criterion-Referenced Tools

- a. **SLAM** <https://www.leadersproject.org/disability-evaluation/school-age-language-assessment-measures-slam/>
- b. **Language Curriculum Referenced Assessment**
<https://www.txautism.net/evaluations/language-curriculum-referenced-assessment>
- c. **Rossetti Infant-Toddler Language Scale**
- d. **The Functional Communication Profile**
<https://www.proedinc.com/Products/34040/fcpr-functional-communication-profilerevised.aspx>

Time: The Elephant in Every Room



Your Turn!

With your neighbors, share one way we might engage in inclusive assessment while navigating time constraints.

Centering Inclusion On The Clock

- **Elicit the client's perspective WHILE building rapport.**
 - Take breaks from formal assessment to support each person, and engage in conversation, play, preferred activities.
- **During planning meetings with families, shift to a more reciprocal and collaborative communication style, to meaningfully include family/community knowledge.**
- **Within team meetings and observations, take notes on team members' perspectives.**
- **By using time differently, and emphasizing our goal of including all aspects of an individual, we can (mostly) adhere to time constraints, while shifting to a more collaborative assessment process.**

Inclusive Assessment Documentation

- **Assessment reports should aim to reflect the strengths and complexity of the individual.**
 - I often include strengths, interests, and insights early in my report, and I summarize this vital qualitative data at the end of my reports.
- **Language that reports are written in should be accessible**
 - Professional terms explained.
 - Examples
 - Clients/families provided with copies of reports and documents and are afforded time to authentically comment and question
 - MAPS (Making Action Plans) (Baglieri, 2017)
- **Contextual factors (what supports communication) should be documented**
 - Facilitative strategies
 - Modalities
 - Environment
 - Relational supports

VI. Inclusive Therapy: Content, Delivery, Relationships

A. Diverse Content Materials/Mirrors, Windows, and Doors

a. Mirrors, Windows and Sliding Glass Doors

b. We want to build content that allows for individuals to see themselves and others.

c. Who is represented?

d. How are different identities and groups, including people with disabilities, portrayed?

e. Therapy picture cards, books, texts, games, bulletin board materials, videos, music, art, worksheets.

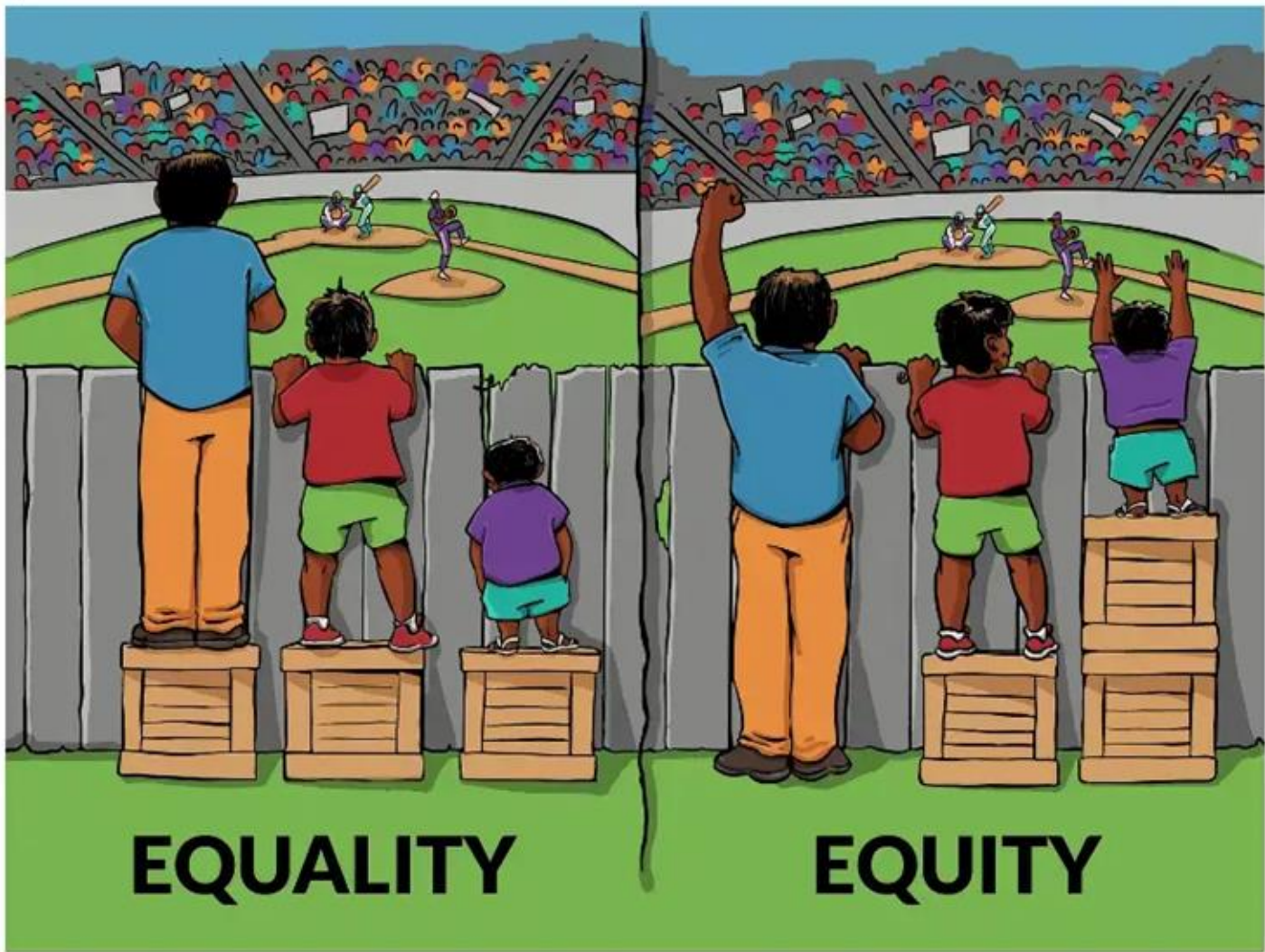
Using Diverse, Representative Materials

- **Jordyn Carroll, M.S. CCC-SLP, a Black SLP in Atlanta, talks about the importance of using diverse therapy materials.**
 - “The key points to remember about cultural responsiveness are self-awareness, lifelong learning, and placing a specific understanding on the immediate identities while in therapy. And for how beneficial culturally responsive care can be, not being culturally responsive can have extremely detrimental results. It can lead to people of color not feeling accepted in therapy...”(Carroll, 2023)
- **Carroll Notes Some Essential Inclusive Practices:**
 - Use materials inclusive of the histories, contributions, experiences, perspectives, and concerns relevant to clients of diverse backgrounds.
 - Engage with content in meaningful ways.
 - Encourage individuals to make connections with cultural and background knowledge.
 - Model respect and value for our own and for others’ identities and experiences.
 - Routinely incorporate multicultural literature and materials to illustrate social and cultural contributions by various people.

Inclusive Therapy: Responsive Service Delivery

- **Our service delivery—where and how we support the individuals we serve—can be an avenue for moving toward inclusive practice.**
- **Many settings center pull-out therapy, with either individual or group sessions. While these forms of service are likely to remain in our schedules, there are also other forms of service delivery we can consider, to inclusively meet individual and contextual needs.**
- **Push in—to classrooms, meal times, community activities.**
- **Co-treatment—with occupational therapists, psychologists, social workers, teachers, others.**
- **Allow for families, community members, or peers to (sometimes) be part of sessions**
- **Change the amount of time and/or frequency to meet the person's needs.**
- **Use a consultative model to support growth, carryover, and collaboration with others in scrutinizing contextual factors.**

SHOUT OUT: Who has examples of using some of these responsive approaches to service delivery?



EQUALITY

EQUITY

Growing Inclusivity: Centering Relationships

- **Continually reflect on our own biases and conditionings.**
 - We have often been taught power hierarchies and institutional ways of framing the people we serve.
 - When we interact with clients, we want to stay open to questioning how we are using *power over*, vs. how we might be using *power with*.



Conditionings from the Dominant Culture

“We don’t have time to connect with people, because we need to show ‘progress’.”

“Emotions do not belong in therapy”

“Not listening is disrespectful”

“The client’s body/mind/attitude/behavior/family is the problem.”

“Therapists always know best”

“The client’s body needs to be still in order to learn.”

Example from My Practice: Finn

- **Finn was a third-grade student, who received speech therapy services.**
- **Finn enjoyed learning about many content areas, and particularly loved science-based subjects.**
- **Since Finn had been in kindergarten, he had received speech therapy to support growth in articulation.**
- **Finn had strong, negative feelings about attending speech therapy, and regularly expressed these feelings.**
- **In the past, teachers had had concerns about Finn's access to emotional regulation and his school-based behaviors, but Finn demonstrated more access to these skills in third-grade, and his third-grade teacher was proud of his growth.**

Example from My Practice: Finn (continued)

- During his third-grade year, Finn often entered and expressed, with his words, body language, facial expression, behaviors, and tone, that he was unhappy about attending speech.
- Initially, I attempted to redirect Finn to the planned activities. He would cover his head with his hood, or hide under the table.
- I shifted to embracing Finn's experience, and giving choices. "I hear that you don't want to come to speech. It sounds like you are really frustrated. Do you want to join in the activity, or take some time first?"
- Over time, by listening to Finn, responding honestly to his questions, and offering him choices and space, Finn developed more readiness for therapy, and increased his home practice, making progress in his skills.
- Finn didn't want to be pulled from preferred lessons, like read-alouds or science, so I worked with the teacher on adjusting the schedule.
- To support engagement, I offered more student choice of activities, balanced demands with connection, and added more movement breaks.
- I recognized assumptions I'd made about the family, and strove to develop authentic collaboration with Finn's parents, which supported Finn

Your perspective is unique.
It's important and it counts.

—
GLENN CLOSE

<https://www.oprahdaily.com/life/relationships-love/g25629970/positive-affirmations/>

Your Turn!

**How did centering relationship serve as inclusive practice with Finn?
What connections can you make to your own practice? Turn and talk!**

Leading with Empathy

<https://youtu.be/t685WM5R6aM>

Why Centering Relationships Is Key to Inclusive Practice

- **Builds trust and safety, which ultimately support learning and growth.**
- **By demonstrating genuine care, we communicate that each person, and their identity, experiences, and perspectives are valuable.**
- **When individuals are cared for and respected for their whole selves, they may be more able to tap into engagement and a sense of competency.**
- **As people learn about themselves and others, they may work together to confront injustice and inequity, and build community.**



PRINCIPLES OF NEURODIVERSITY-AFFIRMING SPEECH THERAPY

This approach centers the individual—honoring their strengths, preferences and distinct communication style.

STRENGTH-BASED DOCUMENTATION:

Focus on what the individual does well.



FUNCTIONAL, INDIVIDUALIZED GOALS:

Tailor goals to real-life needs.



RESPECT FOR DIFFERENCES:

Embrace neurodivergent ways of being.



FAMILY-CENTERED PLANNING:

Include the client and their support system.



FLEXIBLE COMMUNICATION MODALITIES:

Support the method the client prefers.



RESPONSIVE, FLEXIBLE APPROACH:

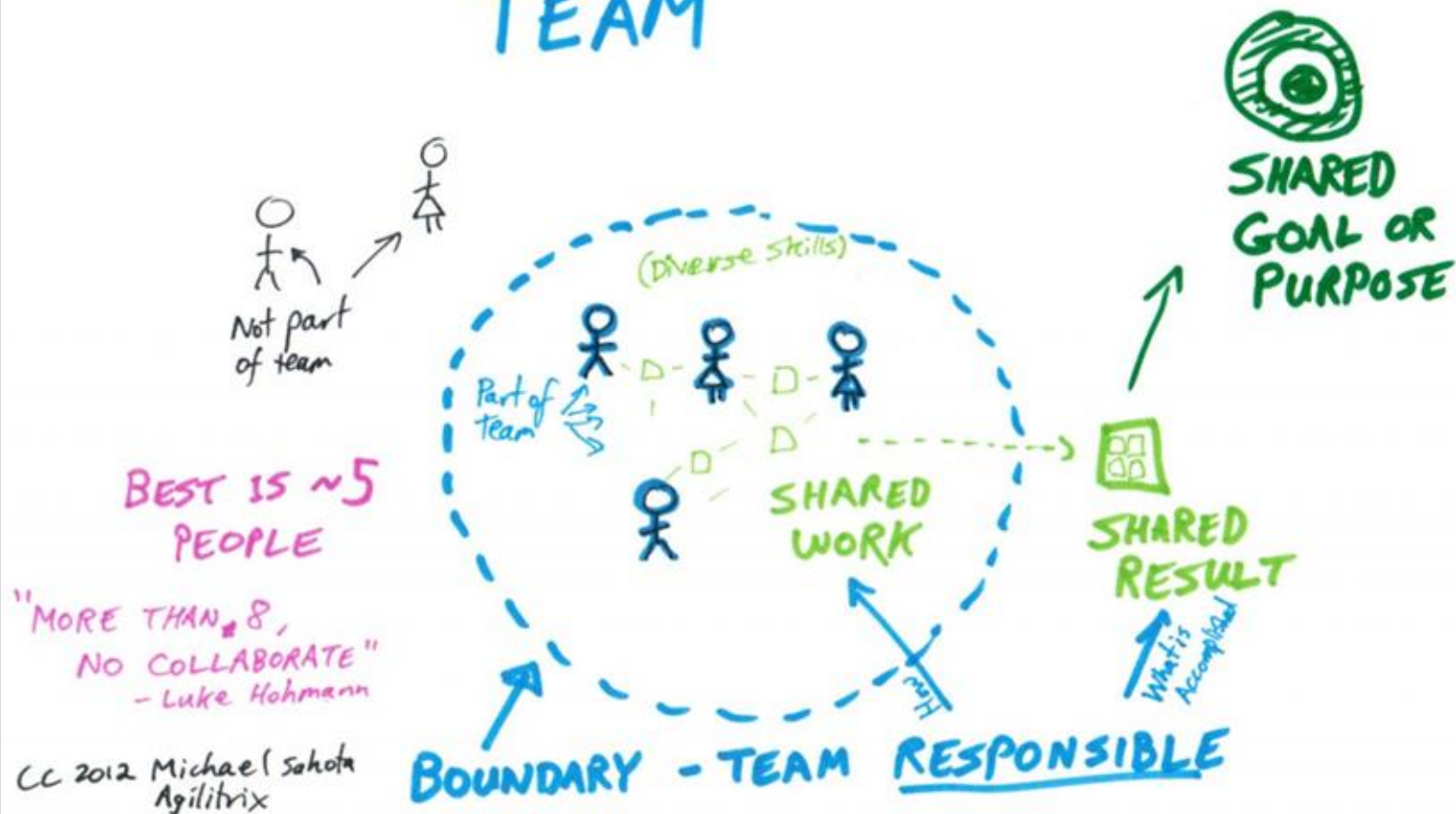
Adapt therapy to the client's needs and interests.



VI. Authentic and Meaningful Collaboration

- **Build relationships over time**
 - Clients, family members, team members.
 - Just as we need to grow trust and connection with clients, we also benefit from recognizing that our relationships with families and team members require tending.
 - Observations, listening, recognizing and allowing for different perspectives
- **Look for multiple ways to share knowledge**
 - Modeling methods with clients for families and team members.
 - Multiple modalities for communicating information
 - In person
 - Writing
 - Visuals
 - Embodied
- **Give ourselves LOTS of grace**
 - We are always learning, alongside everyone else.
 - Collaborative learning is a process, and is cultivated through multiple conversations and opportunities.

CHARACTERISTICS OF A TEAM



Building Trust in Collaborative Relationships

- Show mutual respect
- Communicate openly and honestly
- Establish clear expectations



- Foster a collaborative culture
- Be consistent
- Embrace conflict



- Don't worry, trust the process...

Real Tensions and Barriers

- **Everyone approaches relationships with various understandings, expectations, experiences, and perspectives.**
- **Institutions and work environments may create barriers to authentic, cooperative learning**
 - Lack of time and alignment of schedules
 - Competitive, hierarchical environments
 - Dehumanizing policies and practices
- **As communication experts, we may tap into our knowledge to respond to barriers**
 - Listen and observe.
 - Model clarity and kindness in communication.
 - Think creatively to identify ways to respond inclusively.

Summing It Up: Inclusive SLPs Matter!

“Speech-language pathologists and all educators have a responsibility for creating a space where all learners belong and diversity in all aspects is celebrated. Embracing a social model of disability approach to the IEP process can support practitioners in their work toward creating a more equitable and inclusive education system.” (Murza & Buckley, 2024)

“As speech-language pathologists (SLPs), we are poised to become leaders in the caring of adults with dementia; however, because of the complexity of this health condition, and its impact on patients and families, we must move beyond discipline-specific approaches to intervention and embrace the opportunities that arise when working across professional silos.” (Douglas & McDonald, 2016)

Exit Ticket: One Last (Quick) Feedback Survey

<https://docs.google.com/forms/d/e/1FAIpQLScUbX-7yUSUNPh1CzhOJfmmUmwTCh41OgDbnzTQktBbswoHpA/viewform?usp=header>

Thank You So Much! Your Turn!

- **Questions and Thoughts**